

MISSOURI TSA STATE OFFICER TRAINING RETREAT
REGISTRATION FORM

June 3-6, 2003

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

STATE OFFICER NAME(S) WHO ARE ATTENDING THE RETREAT:

CHAPTER NAME: _____

_____ # Officers attending

_____ # Advisors/sponsors attending

_____ # Total attending

Name of advisor who will be attending:

Please **return by April 30, 2003** to the following fax:

Doug Miller, State Advisor
Missouri Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, MO 65102
FAX: (573) 526-4261